

Ludlow Rural District.

ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1945.

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## Public Health Staff

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**SANITARY INSPECTOR :**

**RONALD FREDERICK SAUNDERS, M.R.SAN.INST., M.S.I.A.**

# LUDLOW RURAL DISTRICT

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## Annual Report of the Medical Officer of Health, 1945

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LUDLOW.

*1st July, 1946.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the Health of the District for the year ending 31st December, 1945. It has been drawn up in accordance with the Ministry of Health's Circular 28/46 England, dated the 11th February, 1946.

### **VITAL STATISTICS.**

The estimated population is 13,330, and is slightly below the population of the previous years. The birth-rate is 17·6 per 1,000 and the death-rate 11·7.

Infantile Mortality shows a further fall and the rate of 21 per 1,000 live births is less than half the rate for the country as a whole, which was 46.

The death-rate from Tuberculosis also shows a lower rate than that of the country and the number of deaths was six as compared with thirteen in 1944.

### **INFECTIOUS DISEASES.**

Apart from some prevalence of Measles among the child population in the early part of the year, there was no serious incidence of any Infectious Disease. One death took place from Measles.

For the second year no case of Diphtheria was notified, the last case having been in 1943. The protection of children against Diphtheria was continued and it is estimated that 90% of school children and 60% of those under five years of age are now protected.

## **HOUSING.**

The last few months of the year saw considerable activity as regards the planning of Housing Schemes, and although no houses were completed the Council have in view the building of a large number of houses for which sites have been selected, and particulars are given in Section D of this report.

Eight Swedish timber houses have been allocated and are being erected at Wistanstow and Stanton Lacy.

The Housing Survey was commenced during the year and a table giving the results as regards 789 of the houses surveyed by the Inspector is included in the report.

## **HOSPITALS.**

A report on the Hospital provision for the County of Shropshire and other Midland Districts has been published during the year by the Ministry of Health. This is of very great interest and should be read by all those who are interested in the subject. (H.M. Stationery Office, 5/-).

## **WATER SUPPLIES.**

The Council received the report from the Consulting Engineer on suggested future schemes for supplying the whole Rural District with a piped supply. This has been considered and forwarded to the Ministry of Health and the County Council for their approval, in accordance with the provisions of the Rural Water Supplies and Sewerage Act, 1944.

I have the honour to be,

Your obedient servant,

JAMES L. GREGORY,

*Medical Officer of Health.*



## Section A

## STATISTICS AND SOCIAL CONDITIONS.

## GENERAL STATISTICS.

Area (in acres) ... ..	113,004
Registrar-General's estimate of Population, mid-year, 1945 ... ..	13,330
Number of Inhabited Houses as at 31st Dec., 1945	3,864
Rateable Value of District as at 31st March, 1945 ...	£66,697
Estimated product of 1d. rate ... .	£283/10/6

## VITAL STATISTICS.

## LIVE BIRTHS—

	Total	M.	F.
Legitimate ... ..	213	115	98
Illegitimate ... ..	23	11	12
Totals	236	126	110

BIRTH-RATE per 1,000 of the estimated population = 17·6.

	Total	M.	F.
STILL BIRTHS— ...	1	1	0

STILL BIRTH-RATE per 1,000 total live and still births = 4·2.

	Total	M.	F.
DEATHS— ... ..	157	70	87

DEATH-RATE per 1,000 of the total estimated population = 11·7.

DEATHS FROM PUERPERAL CAUSES— ... Nil

## DEATHS OF INFANTS UNDER ONE YEAR—

	Number	Rate per 1,000 Births
(a) Legitimate Infants per 1,000 legitimate births ... ..	4	18
(b) Illegitimate Infants per 1,000 illegitimate births ... ..	1	43
(c) All Infants per 1,000 total births...	5	21

## DEATHS from—

Cancer ... ..	31
Whooping Cough ... ..	0
Tuberculosis ... ..	6
Measles ... ..	1
Diarrhoea ... ..	1

## NOTES ON VITAL STATISTICS.

**BIRTHS.**—These numbered 236 and is the highest number registered in the district for four years. The birth-rate is 17·6 per 1,000 of the population, the rate for England and Wales being 16·1.

**DEATHS.**—The number of deaths was 157 which is about the average number registered in the area, and the death-rate of 11·7 is about the same as for the whole country, which was 11·4 per 1,000 of the population.

The chief causes of death were as follows :-

Heart Disease	...	...	..	47
Cancer	...	...	..	31
Intra-cranial Vascular Lesions			...	15
Bronchitis	...	...	...	10
Tuberculosis	...	...	..	6
All other causes	...	...	...	49

The above figures show an increase in deaths from Heart Disease and Cancer and a decrease in those from Bronchitis and Tuberculosis compared with the figures for 1944.

**STILL-BIRTHS.**—Only one still-birth was recorded as compared with 6, 9 and 14 respectively in the years 1944, 1943 and 1942. This decrease in the number of still-births is encouraging to those who have worked towards the reduction of this figure. Throughout the country generally there has been a considerable decline in the still-birth rate.

**PUERPERAL DEATHS.**—It is gratifying to have to report that no mother in the Rural District lost her life from causes associated with child-birth.

**INFANT MORTALITY.**—The Infant Morality Rate is calculated from the number of children who die under the age of one year per 1,000 live births, and is usually taken as one of the best means of judging the health of any community. In native communities in Africa, etc., it may reach a figure of 400 per 1,000 live births, which means of course that two-fifths of the infants born die before their first birthday is reached.

In England the rate has come down from about 150 per 1,000 at the beginning of this century to its present figure of 46 per 1,000, and it is an easy matter to calculate the immense saving in the lives of infants which these figures represent.

If we take the total births registered in a year in England and Wales as 600,000 in round figures, the drop in infant deaths means that more than 60,000 infants reach their first birthday now

than would have done so if the rate pertaining at the beginning of the century had not been reduced.

Five children under one year died in this area in 1945, giving an Infant Mortality Rate of 21 per 1,000 births, which is less than half that for the country as a whole.

I drew attention to the rather high rate of infant deaths in the district in 1942, and below are given the figures for 1945 and the three previous years, from which it will be seen that there has been a considerable improvement :-

Year.		Number of Infant Deaths.	Infant Mortality Rate	
			Ludlow R.D.	Eng. & Wales.
1942	...	17	76	49
1943	...	9	39	49
1944	...	9	41	46
1945	...	5	21	46

Of the five deaths in 1945 three were of infants aged under one month. Of the forty deaths in the last four years, 26 or 65% were of infants aged under a month at death.

The causes of the above deaths were : Prematurity, Delayed Birth, and Deformity in the three under a month old; and Broncho-pneumonia and Gastro-enteritis in the other two cases.

## Section B

### GENERAL PROVISION OF HEALTH SERVICES.

STAFF.—There have been no changes in the Staff during the year under review. In view of the amount of work falling on the Sanitary Inspector, more especially as regards the Housing Survey and new schemes for Water Supply and Sewage Disposal, the Council have considered the question of appointing an Assistant Inspector but have deferred the matter in the meantime. It is difficult to know what the future holds as regards the duties which the Inspector will have to undertake, some of which, *e.g.* the supervision of Milk Production, may pass to other officials, but in a rural area covering more than 100,000 acres it is manifestly impossible for one Inspector to carry out his many duties with satisfaction to himself and his Council. Travelling takes up so much time that no comparison with a less scattered area is possible.

AMBULANCE FACILITIES.—As this rural district is at a considerable distance from any large hospital centre, it is of the utmost importance that there should be available for the inhabitants an adequate Ambulance Service which can be depended on at all times of the day and night.



The report on Hospital Services indicates that in the future Shrewsbury will become a hospital centre for the whole county and in this case adequate provision will have to be made for the conveyance of patients as expeditiously as possible. The question as to whether it is better to have Ambulances stationed at various villages and small towns or whether one ambulance centre should serve the whole county is one which may give rise to considerable difference of opinion. The advocates of having numerous ambulance stations may rightly say that the ambulance is on the spot and there is no delay in waiting for it to come a distance of 30 or 40 miles. The main difficulty in this case is that in such cases it is not possible to have a whole-time driver and nurse or other attendant always on call, and if they have to be found and brought from other duties the subsequent delay may be greater than getting an ambulance from a distance.

With a central ambulance depôt it would be possible to have a day and night staff always on call. It would also mean that more modern and powerful ambulances could be provided and in such number that if one broke down it could be replaced by another immediately.

A conference of Local Authorities, the St. John Ambulance Brigade, the British Red Cross Society and others interested in ambulance services, was called by the County Council in August, 1945, and it was resolved then that the County Council should draw up a scheme covering the whole county and incorporating all the various services at present providing ambulance services. It was pointed out at this conference that there would be no reason why any district should not have its own ambulance if it desired to have one, but the advantages of a central scheme have been indicated above.

The following are the Ambulances available at present and the places where they are stationed and telephone numbers for calling them are also given:—

<i>Ambulance</i>	<i>Station</i>	<i>'Phone No.</i>
St. John's & B.R.C.S.	Ludlow.	Ludlow 184
County Council	Cross Houses	Cross Houses 242
Bishop's Castle & Clun	Bishop's Castle	Bishop's Castle 81
Infectious Diseases	Shrewsbury	Shrewsbury 2510

**NURSING IN THE HOME.**—This is carried out by the District Nurses of the local Nursing Associations which are affiliated to the Shropshire Nursing Federation, and details of the valuable work carried out can be found in the annual report of the Federation.

**HOSPITAL PROVISION.**—Details of Hospitals available were given in the report for 1942, and there have been no changes to record.



The Surveyors of the Nuffield Provincial Hospitals Trust have now issued their report dealing with Hospital Services. Briefly, their recommendations are that Shrewsbury should become the hospital centre for the county and that a new hospital should be built there at which every kind of medical or surgical case could receive treatment. It is also recommended that such a hospital should be in close touch with a teaching hospital and also with any smaller hospitals which may be in use, so that all the specialist staffs may be available as and when required. It will probably be some time before the Joint Hospital Boards are set up under the new National Health Service and it is mentioned that much can be done in the meantime to co-ordinate the work of all the hospitals and of the staffs of consultants.

Difficulties are sure to arise in the planning of Hospital Services on a large scale, and one of these will be the decision as to which particular hospital or group of hospitals will serve a particular town. In Shropshire, for example, some towns are on the edge of the county and are nearer other large centres than they are to the county town.

All these cases will have to be gone into and the best solution decided upon.

Many small places may wish to retain their Cottage Hospital as the difficulties of visiting friends in hospitals some distance away are considerable. The greatest drawback to these small hospitals is the difficulty of getting suitable staff—both medical and nursing. Also it is not possible for small hospitals to be equipped with modern appliances, many of which are now considered essential for a hospital to have.

Modern transport and good roads are both helps in solving the hospital question, as even the most serious cases can now be taken quickly and safely to hospital.

**TREATMENT CENTRES AND CLINICS.**—There are no Clinics or Welfare Centres, etc., in the Rural District, and any school children or infants have to be brought into the Clinic at Ludlow if they require attention at one. The same applies to Ante-natal cases who can attend the Ante-natal Centre at Dinham, Ludlow.

The Council have made representations during the year to the County Council with a view to having more Welfare Centres established, but the latter do not feel that the present is an opportune time for this and have asked the W.V.S. Hospital Car Pool if they can help in getting mothers from outlying areas into the Ludlow Centre.

Under the new National Health Service no doubt provision will be made to have these services made more easily obtainable by mothers and their children in the rural areas, although country dwellers can not have such facilities at their door as town dwellers have. At present the County Council cannot establish a general domiciliary scheme of Ante-natal work by general practitioners as Sect. 204 (I) of the Public Health Act, 1936, prohibits this.

Children are of course seen at the schools by the County Health Staff, and the District Nurses and Health Visitors also help in work among the children. Ante-natal work is at present done in the Rural Districts by General Practitioners and by the District Nurses, the latter calling in a Doctor if they believe the case to be an abnormal one.

The following are the places and days and hours of meeting of some of the Clinics at Ludlow and at Shrewsbury :-

Centre.	Place.	Days.	Hours.
School Clinic	Dinham, Ludlow	Daily	9—10 a.m.
Infant Welfare	do.	Mondays	10—12 noon & 2—4-30 p.m.
Ante-natal Centre	do.	do.	do.
Orthopædic Centre	do.	Alternate Mondays	11—12 noon
Tuberculosis Dispensary	17, Belmont, Shrewsbury	Daily	By Appointment
Venereal Diseases	1, Belmont, Shrewsbury	Tues. & Fri., (Men)	6—8 p.m.
		Mon. & Wed., (Women)	2—4 p.m.

## Section C

### **SANITARY CIRCUMSTANCES OF THE AREA.**

This section of the report deals with such matters as Water Supplies, Sewerage and Sewage Disposal, Refuse Collection and Disposal, etc.

#### **WATER SUPPLIES.**

On the 13th June, 1945, the Council received a report from their Consulting Engineer, Mr. A. H. S. Waters, Birmingham, in which it was pointed out that none of the existing sources of supply would be suitable for extension to supply wider areas. It was suggested that three possible sources should be investigated which might give supplies to serve the greater part of the area :-



I.—The Elan Aqueduct of the Birmingham Corporation.

It is suggested that this source might supply the South-eastern Parishes of the district and that a total daily consumption of 210,000 gallons might be required. This source might be augmented by local spring and stream sources.

The Council have applied to the Ministry for approval of this part of the scheme.

II.—The second scheme is one in which water would be taken from a stream on the Southern end of the Longmynd in the Church Stretton Urban District, and this supply would serve Parshes in the West and North-west of the area. The future estimated requirements of this area would be 317,000 gallons a day. Gaugings of this source have shown that on occasions the flow has fallen to just below 200,000 gallons per day. It is therefore probable that some restriction of the area to be supplied from this source will be necessary or that the supply will have to be supplemented from one of the other sources suggested.

III.—The third source of supply in the original report was from the Five Springs in the Parish of Clee St. Margaret. However, the reliable yield here has been found to be 17,000 gallons instead of the required 35,000 gallons per day.

Gaugings have therefore been taken of the flows at St. Milburgha's Well (a sustained yield of 150,000 gallons a day has been observed here), and from the Cornbrook Culvert (400,000 gallons per day). The water from the latter source is not, however, consistently satisfactory in all weather conditions as regards purity, so that it may be doubtful if it can be used, at least without purification.

Observations and gaugings continue to be made on these sources.

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During the year there has been no prolonged drought and supplies have proved adequate except for minor shortages. The only two supplies which are chlorinated are those at Cleobury Mortimer and at Craven Arms.

Bacteriological examinations are made of samples from the supplies owned by the Council and a total of 55 samples were examined during the year. It is found that after heavy rains there is some pollution of these small supplies through surface washings gaining access to the water supply.



Samples are also taken from the Birmingham Corporation supply (Elan Aqueduct) at intervals. This supply is not chlorinated before it reaches this area and is only "rough filtered" near the source. Purification of the supply takes place nearer Birmingham. This is of importance if further use is to be made of the supply from this source.

It will be seen from the table in Section D that about 31% of the houses have a piped water supply. There have been no extensions to the water mains during the year.

### SEWERAGE AND SEWAGE DISPOSAL.

The Council have decided to purchase the ground on which the Craven Arms Sewage is treated and to re-construct the disposal works. At present, a report from the Consulting Engineer is being awaited, after which a scheme will be put up to the Ministry of Health for approval.

At Cleobury Mortimer a scheme has been prepared and it is expected that a local enquiry will be held by the Ministry of Health in August, 1946, or soon after.

No new sewers or extensions to existing sewers have been constructed during the year. The problem of sewage disposal in such a scattered rural area is a very difficult one, as although it is possible to have water supplies for large areas sewage has to be disposed of locally, and this will mean the construction of a large number of small disposal works. The coming of piped water supplies will make this matter more urgent in the near future.

### REFUSE DISPOSAL.

The Council have decided to have a general collection of refuse throughout the district, and it is hoped that the vehicle for collecting refuse will be delivered in the next few months. Sites for tips have already been selected in most cases.

The collections at Craven Arms and Cleobury Mortimer have continued during the year.

### SALVAGE.

This has been collected jointly by the Local Authority and by voluntary bodies. The latter have now given up their work at Cleobury Mortimer and Craven Arms and the Council have taken it over. The amount collected during the year has been 56 tons (paper, metals, rags, bones, rubber, bottles, etc.)

## Section D

## HOUSING.

Number of Inhabited Houses in district ...	3,866
Number of Houses owned by the Council ...	102

## BUILDING PROGRAMME.

(a) Short term ... ..	*198
(b) Long term programme ... ..	320
(* including eight Swedish Timber Houses).	
(c) Temporary Houses ... ..	0
New Houses built in 1945 ... ..	0
Number of applications for Council Houses ...	517

## HOUSING PROGRAMME.

The year has been one of planning for the future and it will be seen that no permanent houses were completed during the year. Sites have now been selected and it is hoped that approval will be obtained from the Ministry for these and that work will be able to proceed as soon as possible. It will naturally take some time before the country adjusts itself after six years of war.

The following are the particulars of the Council's Housing Programmes :-

Site	Short Term Programme	Long Term Programme
Abdon ... ..	4	4
Ashford Carbonell ... ..	6	6
Bitterley ... ..	12	30
Burford ... ..	32	32
Caynham ... ..	24	30
Clee St. Margaret ... ..	0	6
Cleobury Mortimer ... ..	40	100
Culmington ... ..	6	8
Diddlebury ... ..	6	8
Eaton-under-Heywood ... ..	4	4
Greete ... ..	4	8
Halford ... ..	0	8
Holdgate ... ..	0	2
Hope Bowdler ... ..	6	6
Hopton Wafers ... ..	6	12
Ludford ... ..	4	4
Munslow ... ..	2	2
Richard's Castle ... ..	6	12
Rushbury ... ..	6	24

Site		Short Term Programme		Long Term Programme
Stanton Lacy	...	4	...	8
Wistanstow	...	4	...	4
Woodhouse	...	2	...	2
		<hr/> 198		<hr/> 320

The eight Swedish Timber Houses are to be erected at Wistanstow (four) and Stanton Lacy (four).

### HOUSING SURVEY.

Up to the end of 1945 the number of houses inspected and classified was 662. Mr. Saunders presented a report to the Council in February, 1946, in which the results of the survey in twelve parishes was given.

The report shows that the houses reported on have been placed in the following categories:-

Category I.	II.	III.	V.	Total
47	99	455	61	662

NOTE.—Category I. Satisfactory in all respects.

II. Houses having minor defects.

III. Requiring major structural repairs.

V. Unfit for habitation and beyond repair at reasonable expense.

At July, 1946, the number of houses classified has reached 1,678 out of a total of 3,864 houses in the area, so that nearly 50% of the houses have been reported on. A table compiled by the Sanitary Inspector (Mr. R. F. Saunders) is at the end of this report and gives an excellent view of the conditions existing in the houses.

Without a survey of this kind it is impossible to get an accurate idea of what living conditions are really like, and when the survey is completed it will give a full picture of present housing conditions in the district.

The following are some of the facts brought out in the table which deals with a total of 789 houses examined:-

		Number	Percentage
Houses fitted with W.C's.	...	96	12
„ with Pail Closets	...	430	55
„ with Privy Middens	...	263	33
„ with Baths	...	74	9
„ with Sinks	...	478	61
„ without Drains	...	88	11
„ with Water laid on	...	242	31
„ with Tap Water at a reasonable distance	...	195	25



	Number	Percentage
„ with Water Supply from other than piped supply ...	258	... 33
„ with no Water Supply at a reasonable distance ...	94	... 12

### HOUSING INSPECTIONS, Etc.

Complaints received ...	31
Inspections made ...	1060
Preliminary notices served ...	36
Certificates of essentiality for repairs...	24
Building Licences granted ...	88
Houses disinfected ...	1
Cases of over-crowding reported ...	0
Statutory Notices served ...	4

## Section E

### INSPECTION AND SUPERVISION OF FOOD.

#### MILK.

The Milk and Dairies Order, 1926, lays down upon the Local Authority the duty of supervising Milk Production in their area, and although licences for Accredited and Tuberculin Tested Milk are granted by the County Council in Shropshire, it is still necessary for the officials of the Local Authority to carry out the duties imposed on them by the above Order with regard to all farms, etc., where milk is produced.

Legislation has been passed to transfer these duties to the Ministry of Agriculture, but so far the transfer has not taken place, probably due to the difficulty in getting suitable officers for the work. There is no doubt that conditions on many farms where milk is produced are far from satisfactory and in a large rural area of over 100,000 acres it is not possible for one Inspector to supervise nearly 300 farms in addition to his many other duties in relation to housing, etc.

It is perhaps a debatable point as to whether it might not have been better to appoint more Sanitary Inspectors in the rural areas to do this work thoroughly, rather than to hand it over to the Ministry of Agriculture, who will need to appoint a new staff of officials to do the work. However, time alone will prove whether the change over will result in the production of cleaner and safer milk, which is the object to be achieved.

The Inspector reports that 60 inspections of cowsheds, etc., were made during the year and 20 informal notices served. No epidemics due to infected milk were reported during the year.

The following are the number of producers in the district :-

Producers on register	...	...	289
Accredited Producers	...	...	22
T.T. Producers	...	...	5
Heat Treatment Plants	...	..	0

### MEAT AND OTHER FOODS.

Mr. Saunders reports that 559lbs. of Tinned and other Food Stuffs were found to be unfit for human consumption and had to be condemned. This included beans, corned beef, pork, evaporated milk, pilchards, damsons, etc., etc.

The total number of animals slaughtered at the Craven Arms premises was as follows :-

Cattle	...	...	...	1,620
Calves	...	...	...	804
Sheep	...	...	...	7,813
Pigs	...	...	...	295

The quantity of Meat condemned was :-

Carcases and organs on account of Tuberculosis	13,654 lbs.
Carcases and organs for other diseases	22,351 lbs
	<hr/>
	36,005 lbs.
	<hr/>

## Section F

### PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

The year was one in which, apart from a number of cases of Measles among the children in the first and second quarters of the year, there was no epidemic of any Infectious Disease at all. Only three cases of Scarlet Fever were notified and there were no cases of Diphtheria for the second year in succession. The only death from an Infectious Disease was one from Measles.

Disease.	Cases notified.	Admitted to Hospital.	Deaths.
Scarlet Fever	3	1	0
Measles	129	0	1
Whooping Cough	3	0	0
Pneumonia	5	0	5
Erysipelas	1	0	0
Puerperal Pyrexia	1	0	0
Ophthalmia Neonatorum	1	0	0
	<hr/>	<hr/>	<hr/>

During the year 188 children were protected against Diphtheria and of these 157 were aged one or two years.

The percentage of children protected against Diphtheria in the schools is over 90%. Many schools have 100% of the children immunized and the lowest percentage in any school is 83%.

Most of the work of immunizing the children is done by the County Health Staff at the schools and at the Ludlow Clinic. Some of the private Doctors help in this work, but perhaps more children might be immunized by private Doctors as the latter visit the homes where young children are and can easily find out if the younger ones are protected or not.

As will be seen from the above figures only one case of Infectious Disease had to be removed to hospital at Monkmoor. The report on hospital services recommends that Monkmoor Hospital is a suitable one for treating and isolating all the Infectious sick in the county who require isolation, although it may require to be added to.

### TUBERCULOSIS.

The number of cases of Tuberculosis on the register at the end of the year was as follows :-

MALES.		FEMALES.		Total.
Pulmon.	Non-pulmon.	Pulmon.	Non-pulmon	
45	48	43	39	175

NEW CASES.—Twelve new cases were notified and seven of these were Pulmonary and five Non-pulmonary. Five of the Pulmonary cases and three of the Non-pulmonary were males. This is about an average number of new cases.

DEATHS.—Six deaths took place from Tuberculosis—four from the Pulmonary type. Particulars of the age at death of these cases is given below.

DEATH-RATES.—		Ludlow R.D.	Eng. & Wales
		1945	1944
Pulmonary Death-rate per 1,000 of pop.		0·300	0·485
Non-pulmon. Death-rate per 1,000 of pop.		0·150	0·098
		—	—
Total Death-rate (all forms)		0·450	0·583
		—	—

SANATORIUM TREATMENT.—During the year ten cases were admitted to a Sanatorium and eight cases were discharged.



NEW CASES AND MORTALITY, 1945  
(IN AGE GROUPS)

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-5 yrs.								
5-15 „								
15-25 „	1	2	2	1		1	1	
25-35 „	2		1		1			
35-45 „	2						1	
45-55 „				1	1	1		
55-65 „								
Over 65 yrs.								
Totals	5	2	3	2	2	2	2	0

CANCER.

The deaths from Cancer numbered 31 (twelve males and nineteen females), which gives a rate of 2,325 per million living.

The number is higher than for the three previous years and the rate is above that for the country as a whole. The increase in deaths from Cancer is in some part due to the fact that more people now live to the age at which the disease is more likely to arise.

The important point is that persons who have symptoms which are suggestive of Cancer (tumours, hæmorrhage, etc.) should not delay in consulting their medical attendant as soon as is possible, as it is in early diagnosis and operative treatment that the best chances of recovery lie.



# LUDLOW RURAL DISTRICT COUNCIL HOUSING SURVEY

SUMMARY OF COMPLETED PARISHES (TO 10<sup>th</sup> FEBRUARY 1946)

SUMMARY OF COMPLETED PARISHES (1960 TO 1 FEBRUARY 1960)																																	
PARISH	HOUSES		CATEGORY 1		CATEGORY 2		CATEGORY 3		CATEGORY 4		HOUSES FITTED WITH		HOUSES FITTED WITH		HOUSES FITTED WITH		HOUSES FITTED WITH		HOUSES FITTED WITH		HOUSES WITHOUT		WATER PIPED		WATER TAP WATER		OTHER SOURCE		NONE AT		OVERFLOWING		
											W.C.s		PAIL CLOSETS		FRYING MILKING		BATHS		SINKS		DRAINS		INTO HOUSE		REASONABLE DISTANCE		REASONABLE DISTANCE		REASONABLE DISTANCE				
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº
HEDON	27	0			3	11	20	74	4	15	0	-	11	41	16	59	1	4	10	37	7	26	5	8	4	15	8	30	10	37	1	4	
ASHFORD BONDLE	17	2			0	-	13	-	2(P)	-	5	-	9	-	3	-	2	-	14	-	0	-	3	-		-	14	-	-	-	-	-	
ASHFORD GERRARD	62	9	14		6	10	41	66	6(P)	10	8	13	26	42	28	45	8	13	29	46	13	21	7	11	10	16	43	69	2	3	-	-	
BROTHFIELD	92	5	6		33	36	52	57	2	2	13	14	69	75	10	11	4	4	71	81	1	1	55	60	30	33	6	7	1	1	2	2	
CAYNHAM	253	36	14		36	14	170	66	11	4	34	14	152	60	67	26	26	11	134	54	21	9	79	31	92	36	49	19	33	13	3	1	
GREEN MARGARET	38	0	-		2	5	31	81	5	13	1	3	8	21	29	75	1	3	17	44	16	42	4	10	1	3	13	34	20	52	-	-	
DIDDLEBURY	113	0	-		18	16	88	78	7	6	17	15	61	54	35	31	14	12	84	74	11	10	50	44	43	38	16	14	4	4	1	-	
GREETE	23	5	22		3	12	15	65	0	-	3	13	12	52	8	35	6	26	18	78	0	-	1	4	0	-	18	78	4	17	1	-	
HILDGATE	10	-	-		-	-	8	-	2	-	1	-	5	-	4	+	1	-	5	-	5	-	-	-	4	-	6	-	-	-	-	-	
STWARDS CASTLE	70	1	1		9	13	60	84	-	-	9	13	48	67	13	18	6	8	58	81	-	-	17	24	21	6	47	66	2	3	-	-	
STONE ST MILBR	68	4	6		4	6	56	84	4	6	4	6	27	41	37	56	4	6	31	47	13	20	20	30	3	5	29	44	16	24	2	3	
TUGFORD	16	-	-		2	-	13	-	1	-	1	-	2	-	13	-	1	-	4	-	1	-	1	-	4	-	9	-	2	-	-	-	
TOTALS	489	62	8		116	15	567	72	44	6	96	12	430	55	263	33	74	9	478	61	88	11	262	31	195	25	258	33	94	12	10	1 1/3	

(P) - PROVISIONAL

R F SAUNDERS

SANITARY INSPECTOR & SURVEYOR

152, CORVE STREET  
LUDLOW

11<sup>th</sup> FEBRUARY 1946







